

LCID State of North Carolina Department of Environment and Natural Resources Division of Waste Management	LAND CLEARING & INERT DEBRIS LANDFILL Facility Annual Report For the period of July 1, 2012-June 30, 2013
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According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2013 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: Stone Landfill LCID

Permit: 1909-LCID-2010

Facility Website (URL):

Physical Address:	Mailing Address:
Street 1: 52 Rock Hill Dr.	Street 1:
Street 2:	Street 2:
City: Chapel Hill County: Chatham	City:
State: North Carolina Zip: 27517	State: North Carolina Zip:

Primary Facility Contact Person:	Billing Contact Person:
Name: ALAN Stone	Name: Jimmy Morrison
Phone: 971-0918 Fax: 537-8295	Phone: 919-370-6361 Fax: NA
Email: ALAN.ROLS@gmail.com	Email: NA

1. Tipping Fee: \$ 20-110 per 50-Single Aisle 60-Tandem - 70 quad
 Tipping Fee: \$ per 80- to 24 Ft 24-32 F 110
 Tipping Fee: \$ per

2. Estimate the amount of waste taken in an average week at this facility? 100 plus ☒ tons ☐ cubic yards

3. How many weeks did you operate this year? 48 Est.

4. What are the hours/days of operation for this facility? 7:30-5:00 summer

5. What is the acreage of the footprint of the waste on site as of June 30? Acre(s)

6. Did your facility stop receiving waste during this past Fiscal Year? ☐ Yes ☒ No

If so, please report the date this occurred:

REMINDER: According to (G.S. 130A-309.09D(b)) this report must be sent to the Regional Environmental Senior Specialist for your Area and a copy of this report must be sent to the County Manager of each county from which waste was received.

Please return your completed report to:

John Patrone
 585 Waughtown Street
 Winston-Salem, NC 27107-2275
 phone: 336.771.5095 email: John.Patrone@ncdenr.gov

CERTIFICATION: I certify that the information provided is an accurate representation of the activity at this facility.

Signature: Alan H. Stone Date: 7/29/13

Name: ALAN Stone Title: owner / president

Phone Number: 971-0918 Email: ALAN.ROLS@gmail.com

NC DENR
Division of Waste Management - Solid Waste Section
Risk Assessment Form
Facility Name: Stone Landfill LCIDPermit: 1909-LCID-2010Address: 52 Rock Hill Dr.City: Chapel HillState: North CarolinaZip: 27517Person completing Assessment: ALAN StoneDate: 7/29/13Phone Number: 919-0918Fax: 537-8295Email: ALANROCK@gmail.com
Instructions

Please indicate either Yes or No for each Receptor and Post Closure Maintenance question. Then please determine the distance or distances for each Receptor from the *Edge of Waste* (using range finders and/or GIS maps) and type that information into the form. Please attach additional information including GIS maps, lists of potable well locations, etc.

Receptors

1. Are there Residential Dwellings Within 1,500 feet of the Edge of Waste?

☒ Yes☐ NoIf Yes, how many? 1What are the three closest distances from the *Edge of Waste*? 500 Feet _____ Feet _____ Feet

2. Are there Potable Wells Within 1,500 feet of the Edge of Waste?

☒ Yes☐ NoIf Yes, how many? 1What are the three closest distances from the *Edge of Waste*? 500 Feet _____ Feet _____ Feet

3. Are there Community/Municipal Wells Within 1,500 feet of the Edge of Waste?

☐ Yes☒ No

If Yes, how many? _____

What are the three closest distances from the *Edge of Waste*? _____ Feet _____ Feet _____ Feet

4. Are there Surface Water Bodies Within 1,500 feet of the Edge of Waste?

☐ Yes☒ No

If Yes, how many? _____

What are the three closest distances from the *Edge of Waste*? _____ Feet _____ Feet _____ Feet

Please list the names of the water bodies: _____

5. Is Public Water Available Within 1,500 feet of the Edge of Waste?

☐ Yes☒ No

If Yes, how many of the Residential Dwellings noted above are connected? _____

Corrective Measures

6. Is there an active methane extraction system (blower, flare, etc.)?

☐ Yes☒ No

7. Is there a passive methane extraction system (trench, vents in cap, flare, etc.)?

☐ Yes☒ No

8. Is there groundwater remediation taking place on site?

☐ Yes☒ No

If Yes, what is the specific remedial technology used? _____

Comments